



FINANCIAL STATUS REPORT

(SEEKING FUND)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED US Department of Labor - ETA		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0137-DC2004-T1		3. OMB APPROVAL (N/A, USE-000)		PAGE OF 1 of 1			
3. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE) STATE OF ALASKA, DEPARTMENT OF LABOR P.O. BOX 21149 JUNEAU, ALASKA 99802-1149									
4. EMPLOYER IDENTIFICATION NUMBER 92-6001185		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER PR 52289 FMS# 0137-DC2004-T1		6. FINAL REPORT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7. BASE CASH <input type="checkbox"/> ACCRUAL <input checked="" type="checkbox"/>			
8. FUNDING PERIOD FROM: (MONTH, DAY, YEAR) July 1, 2004		TO: (MONTH, DAY, YEAR) June 30, 2005		9. PERIOD COVERED BY THIS REPORT FROM: (MONTH, DAY, YEAR) April 1, 2007		TO: (MONTH, DAY, YEAR) June 30, 2007			
10. TRANSACTIONS:				I (PREV. REPORTED)		II THIS PERIOD		III CUMULATIVE	
A. TOTAL OUTLAYS				4,315,052.97		341,150.21		4,656,203.18	
B. RECIPIENT SHARE OF OUTLAYS				0.00		0.00		0.00	
C. FEDERAL SHARE OF OUTLAYS				4,315,052.97		341,150.21		4,656,203.18	
D. TOTAL UNLIQUIDATED OBLIGATIONS								65,771.82	
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS								0.00	
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS								65,771.82	
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)								4,721,975.00	
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD								4,721,975.00	
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)								0.00	
11. INDIRECT EXPENSE		A. TYPE OF RATE B. RATE 4.5%		C. BASE 263,324.57		D. TOTAL AMOUNT 11849.61		E. FEDERAL SHARE 11849.61	
12. REMARKS: ATTACH ANY EXPLANATIONS DEEMED NECESSARY OR INFORMATION REQUIRED BY FEDERAL SPONSORING AGENCY IN COMPLIANCE WITH GOVERNING LEGISLATION.									
Rate Base Total Amount Federal Share									
5.5% 200,850.26 11,046.76 11046.76									
4.5% 17,841.14 802.85 802.85									
Total 218,691.40 11,849.61 11,849.61									
13. CERTIFICATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS CORRECT AND COMPLETE AND THAT ALL OUTLAYS AND UNLIQUIDATED OBLIGATIONS ARE FOR THE PURPOSE SET FORTH IN THE AWARD DOCUMENTS									
TYPED OR PRINTED NAME AND TITLE Michael Weaver, Accountant III					TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577				
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>John P. Delap</i>					DATE REPORT SUBMITTED 07/26/07				

NSN 7540-01-218-4387

269-40

STANDARD FORM 269A (REV 4-88)

PRESCRIBED BY OMB CIRCULARS A-102 AND A-110